

Employee Accommodation Request Form



Office of Equity and Inclusion
Phone: (937) 775-3207
Fax: (937) 775-3027
Email: oei-ada@wright.edu
Web: www.wright.edu/oei

The Office of Equity and Inclusion (OEI) at Wright State University coordinates reasonable accommodations for employees with diagnosed and qualifying disabilities in accordance with the Americans with Disabilities Act (ADA), as amended. In doing so, OEI staff enter into an interactive process involving the employee requesting the accommodation, their licensed medical professional, their supervisor and others as needed to promote a successful process to implement the most appropriate accommodation strategies for the workplace.

This form serves as an initial step in processing an employee's request for an accommodation under the ADA. An ADA accommodation is a reasonable modification or adjustment to the work environment that enables a qualified person with a disability to perform the essential functions of a position. Please note that reasonable accommodations are determined based upon an individual analysis in an interactive process.

The ADA requires that the Office of Equity and Inclusion keep this information confidential and it will not be added to an individual's personnel file. However, please note that some information collected may need to be shared with certain individuals (such as first aid and safety personnel and persons investigating compliance with the ADA) but will only be used and shared in accordance with federal regulations as outlined in Title 41, Code of Federal Regulations Part 60-741.23(d). Please feel free to contact the Office of Equity and Inclusion with any questions or concerns. Thank you.

EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

Name Date Requested (mm/dd/yyyy) Birth Date (mm/dd/yyyy)

Job Title Department

Campus Address (Building and Room #) Email Address

Phone Number Immediate Supervisor's Name

Please describe the medical condition for which you are requesting a reasonable accommodation.

Approximately when did this medical condition begin?

Please describe how this medical condition affects your ability to perform your job duties.

Is there a specific accommodation or type of accommodation you are seeking? (If unknown, please leave blank.)

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RELEASE OF INFORMATION AUTHORIZATION (TO BE COMPLETED BY THE EMPLOYEE)

For the purpose of establishing eligibility for accommodations and services, the Office of Equity and Inclusion will ask for documentation of your medical condition. Please sign below to give the licensed medical provider who you have asked to complete the Wright State University medical information request form permission to release specific medical information that directly relates to the functional impact of my disability, to the Office of Equity and Inclusion at Wright State University.

Name (printed)

Signature

Date (mm/dd/yyyy)

Please mail or fax this form using the contact information below. For privacy purposes, please do not email this form.

Wright State University
Office of Equity & Inclusion
3640 Colonel Glenn Highway
436 Millett Hall
Dayton, OH 45435
Fax: (937) 775-3027